

# OSAH FORM 1

This form is available online at <http://www.osah.ga.gov> or by telephone request at (404) 657-2800.

OSAH USE ONLY DOCKET NUMBER:	AGENCY CODE <b>BNR</b>	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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**NAME OF REFERRING AGENCY: BOARD OF NATURAL RESOURCES (BNR)** (all cases except BUI)

**COUNTY OF NON-AGENCY PARTY'S RESIDENCE:**                      **SELECT ONE CASE TYPE**

<input type="checkbox"/> AQ Air Quality <input type="checkbox"/> ASA Asbestos Act <input type="checkbox"/> AU Auto Emission <input type="checkbox"/> CM Coastal Marshland Protection <input type="checkbox"/> CP Civil Penalty <input type="checkbox"/> DS Dam Safety <input type="checkbox"/> ES Erosion Sedimentation <input type="checkbox"/> HSR Hazardous Site Response	<input type="checkbox"/> HP Historic Preservation <input type="checkbox"/> HW Hazardous Waste <input type="checkbox"/> ROP Right of Passage <input type="checkbox"/> SM Surface Mining <input type="checkbox"/> SP Shore Protection <input type="checkbox"/> SW Solid Waste Management <input type="checkbox"/> TW Tidewater	<input type="checkbox"/> UGST Underground Storage Tank <input type="checkbox"/> USTM Underground Storage Tank Mgt. <input type="checkbox"/> WQC Water Quality Control <input type="checkbox"/> WR Wildlife Refuge <input type="checkbox"/> WSQ Water Supply Quality <input type="checkbox"/> WW Water Withdrawal <input type="checkbox"/> Other:
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**CONTACT PERSON IN AGENCY**

NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION	EMAIL
		PAGER

**ATTORNEY FOR AGENCY**

ATTORNEY NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO	EMAIL
		PAGER

**NON-AGENCY PARTY**

NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST		EMAIL
		PAGER

**NON-AGENCY PARTY'S ATTORNEY**

ATTORNEY NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO	EMAIL
		PAGER

FOR PURPOSES OF THIS HEARING, The PETITIONER will be the  AGENCY  NON- AGENCY PARTY.  
 PARTY REQUESTING THE HEARING:  AGENCY  NON- AGENCY PARTY.  
 DOCUMENT INITIATING THE HEARING:  As "Attachment 1" to this form, attach the Petition.